



# The Journal

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PHOTO BY MCSN WILLIAM PHILLIPS

Naval Support Activity Bethesda (NSAB) Morale Welfare and Recreation held a Travel Expo May 13 at NSAB's Fitness Center. The travel expo gave service members a chance to learn about travel and recreation options that are available to them.

## NSAB's MWR Holds Travel Expo

By MCSN WILLIAM PHILLIPS  
NSAB Public Affairs staff writer

Naval Support Activity Bethesda's (NSAB) Morale Welfare and Recreation (MWR) held a Travel Expo at the Fitness Center aboard NSAB May 13.

The Travel Expo featured more than 20 vendors ranging from parking companies to hotel companies for service members to meet with and learn about travel options.

"The purpose of this fair is for the military community to have an opportunity to speak with different ticket and travel vendors that we work with," said Alecia Pityk, MWR ticket and travel office manager.

Some vendors wanted to give service

members a chance to get off base and enjoy themselves.

"I was in the navy for six years and I know when I was in the Navy I would get desperate for something to do," said James Gillette, president of SeatStir, a self-described seat filler company.

"You're in a new place because you just got a new duty station, [traveling] can get you off base and gives you an opportunity to become invested in your new community."

With parking being so hard to find while traveling, MWR had vendors specifically for parking.

"We know how often service members are travelling and what a nightmare airport parking can be, so we are

offering a way to make traveling a little easier," said Jim Pio, sales manager for the parking spot.

The MWR Ticket and Travel Office has two entities, one for tickets to events such as theme parks and sporting events, and the second is the travel office that can book trips like cruises.

"Our travel agent can do a bunch of different things, she can do cruises, all-inclusive resorts, and she can also book international flights and hotels," said Pityk.

"We [MWR Ticket Office] have a lot of tickets to a bunch of different places like Universal Studios in Florida and tickets to places that

are local," said Pityk.

Most of the tickets the Ticket Office has are obtainable the day you go in, but some tickets need be requested ahead.

"[Service members] can usually just come into the office and get tickets," said Pityk. "Most of the tickets we have on hand or we can print out, but we don't have tickets for the Nationals or the Orioles on hand, we need five business days in advance to get those tickets."

For more information visit [www.navymwrbethesda.com](http://www.navymwrbethesda.com) or call 301-295-0434 or visit the Ticket and Travel Office on Main Street Bldg. 2 Room 1448.



# President's Column

As many of you know, I am retiring as president of the Uniformed Services University of the Health Sciences in June, so this will be my last official "President's Column."

Serving as president of USU has been the highest honor of my career. Everything I wanted to accomplish when I first became a physician, and later, an academic leader, has been realized through my service as president. My gratitude to everyone in government, the military, our Board of Regents, the USU family and colleagues in the academic community who have contributed so vitally to our unique mission over the past decade is profound. We have built on the great work of those who came before us, and we can take pride that USU is well positioned for the future.

When I became president in 2005, I recognized that our role as the nation's only federal academic health center, our location within the Military Health System's National Capital Region, and our proximity to the Walter Reed National Military Medical Center and the National Institutes of Health presented opportunities for groundbreaking partnerships that would advance all of our missions.

Today, those of us who shared this vision are seeing the results of working together. We are benefitting from strong and vital collaborations in patient care, integrated research teams, joint academic and clinical appointments, sharing of equipment and instrumentation, expedited patient access to facilities at WRNMMC and NIH, and increasingly productive work that optimizes public investment in health care and medical research. These engagements have been formally named "Unity of Effort," and we continue to find creative ways to break down bureaucratic barriers and forge collaborations. I am grateful to the leadership of WRNMMC for their embrace of this concept. The combination of USU, WRNMMC, the Clinical Center and other institutes at NIH represent an academic health center that is unique in all the world.

Academic institutions, and especially research universities across the United States, have been working to create interdisciplinary programs in recognition of the challenges and opportunities in science available through collaboration and commitment. We are enormously proud of the advances we have made to create new cooperative agreements and partnerships to expect the reach of similar federal



Dr. Charles L. Rice, Uniformed Services University of the Health Sciences President

PHOTO BY THOMAS C BALFOUR

organizations and departments in service of a unified mission: to increase fundamental knowledge, expand educational opportunities and provide ever-improving care for those within the MHS and now beyond.

This vision of interdepartmental cooperation has been an animating force of my presidency, but it is accompanied by a list of advances for USU that were achieved through the tireless efforts of an extraordinary team of leaders, faculty and staff who share a deep and abiding commitment to the mission of this University. The USU community – faculty, staff, students and alumni – embodies the very best of the military and of the health professions. It has been a privilege to serve alongside them.

# Bethesda Notebook

**Cancer Support Group**  
A support group for people with oral, head and neck cancers meets monthly at Walter Reed National Military Medical Center. Support for People with Oral and Head and Neck Cancer, Inc. (SPOHNC), a patient-directed self-help organization, was established in 1991 by an oral cancer survivor. The group provides support to oral, head and neck cancer patients, their caregivers and family members. The group next meets May 19 at 3 p.m. in the ENT Clinic in the America Building on the 5th floor. For information, call the ENT Clinic at 301-295-4664.

**Organizational Day**  
Organizational Day for staff appreciation is May 20 beginning at 11:30 a.m. in front of the Tower (Bldg. 1). The event will include the Gary Sinise Foundation and USO Metro-sponsored Invincible Spirit Festival, featuring a performance by Gary Sinise and the Lt. Dan Band and a cookout by celebrity chef Robert Irvine.

**Asian American, Pacific Islander Heritage**  
Everyone is invited to attend an observance in celebration of Asian American and Pacific Islander Heritage Month on May 26 at 11:15 a.m. in the America Building (Bldg. 19), first floor, piano area. Navy Lt. Cylyne James, a nurse practitioner in pediatrics at Walter Reed National Military Medical Center, is scheduled to be the guest speaker, and a Filipino dance performance is also planned. For more information, call Hospital Corpsman 1st Class Lashawanna Reese at 301-319-2624 or HM2 Travis Silvey at 301-295-4263.

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# Meet Julia Aldrich: NSAB's New School Liaison Officer

By **ANDREW DAMSTEDT**  
NSAB Public Affairs staff writer

Naval Support Activity Bethesda's (NSAB) new school liaison officer has set a lot of goals as she's getting settled into her new position.

She wants to focus her help on military children, especially teens whose lives have been interrupted by moving to several different locations because of their parent's military career.

"Instead of just saying the military child is resilient, we want to make sure that we really support and allow them to know that the military base is their family and we're here to support all aspects of their social, emotional and educational welfare," said Julia Aldrich, who began her position in March.

She said she has an open-door policy and is available to help teens who may be experiencing challenges such as bullying, feeling like they're different from everybody else, and integrating them into a new community.

For example, she said a student might have come from an area where they went horseback riding frequently, but now, moving into a more urban area, the goal for Aldrich is to help that student find how to do that activity here or get involved in a similar program.

Another goal of hers is to make sure military families know of the services her office can provide. She's gearing up for a Back to School fair in late summer and has been reaching out to several schools in the region to make them aware of the event as well as to continue to foster positive relationships between the schools, military families and NSAB.

"I'm available for families whenever they have questions, problems or concerns or want to share



PHOTO BY ANDREW DAMSTEDT

**Julia Aldrich, Naval Support Activity Bethesda school liaison officer, began her new position in March.**

success stories," Aldrich said. "I want to be available for them."

Aldrich replaced Horace Franklin, who recently became Joint Base Anacostia-Bolling's school liaison officer.

Before coming to NSAB, Aldrich worked at Catholic University as a learning specialist where she counseled college students with disabilities, such as ADHD or traumatic brain injury, on ways to perform well at school. Previous to that position, she worked as an elementary school counselor at a school outside of Albany, New York. She received a master's degree in school counseling and a bachelor's degree in psychology.

She came to the position at NSAB because she wanted a change but still wanted to be involved in education.

"I saw the job and said, 'Hey, this is right up my alley in education, and so I applied and was very lucky to get this opportunity,'" Aldrich said.

One of her major responsibilities as the installation's school liaison officer is to make sure when military families with children move into the area that their children are enrolled in the right classroom, she said.

"States have different standards – even within Montgomery County, schools differ, so [my role] is to make sure that when a student comes in that they are being placed appropriately," she said. "So, for example, if they are coming from Florida to Montgomery County, and if there's a senior, we want to make sure they continue as a senior and graduate on time with the right requirements."

She said she wants to make sure the military child receives the best service and there is no break in their education, whether the student receives public, private or home-school education. Her background working on a college campus also gives her insight on ways to help high school seniors who are looking to apply to college, such as helping them write essays or navigating the financial aid application.

She's also a resource for when families are moving from NSAB to other locations and can help put them in contact with other school liaison officers.

One worry she had coming into the job was not having a military background, but she's said that everyone has welcomed her on the installation and wants her to succeed in her new job.

"Everyone is offering support and asking, 'What do you need for families? What do you need for supplies?' Everyone has had a warm heart and open hands," Aldrich said.

## WRNMMC Neuropsychiatrist Recognized for Holistic Care Approach

*Williamson Receives 'Doc of Year' award*

By **BERNARD S. LITTLE**  
WRNMMC Public Affairs staff writer

"I strive to go above and beyond for patients and families to support recovery and promote well-being. I believe that good health care is a collaborative process and that we best serve patients with an interdisciplinary treatment team," says Dr. David A. Williamson, a neuropsychiatrist and medical director of the Inpatient Neuropsychiatry/Traumatic Brain Injury (TBI) Program at Walter Reed National Military Medical Center (WRNMMC).

For Williamson's holistic approach to health care, the National Council for Behavioral Health recognized him as the "Doc of the Year." He was also honored for being the founder and medical director of the only inpatient neurobehavioral TBI unit in the U.S. military health care system.

"[Williamson] is nationally renowned for his comprehensive and holistic approach to treating the long-term behavioral, relational and emotional symptoms of patients who have suffered traumatic brain injuries. [He] remains engaged with his patients after surgery, helping them achieve the highest level of independence and quality of life possible, which is measured by their ability to return home, rather than being placed in nursing homes or assisted living facilities," the council stated in

recognizing Williamson as one of the winners of its 2016 Awards of Excellence Helping Hands category honorees.

The National Council for Behavioral Health includes 2,500 member organizations serving more than 8 million adults and children facing mental health and addiction challenges. The organization focuses on ensuring all Americans have access to comprehensive, high quality care for recovery and full participation in community life. The council's awards committee is composed of independent



PHOTO BY JOE NIEVES

**Dr. David A. Williamson, a neuropsychiatrist at Walter Reed Bethesda, was recently named "Doc of the Year" by the National Council for Behavioral Health.**

practitioners and leaders in mental health that reviews nominees for the awards of excellence. Williamson was nominated for the award by members of the Neurobehavioral Unit (7 East) team.

"Dr. Williamson was chosen out of 1,000 nominees by the National Council for Behavioral Health as their Doc of the Year," stated Army Col. (Dr.) Lisa A. Teegarden, director of behavioral health at WRNMMC. "It is truly an honor and reflective of the work he has dedicated himself to since the inception of 7E."

"I am responsible for the design and operation of the Inpatient Neurobehavioral Program," Williamson explained. "I lead the clinical team, provide direct care to patients, teach junior staff and act as a subject matter expert to the command and Department of Defense (DoD) on treatment of neuropsychiatric complications of brain injury and other brain illnesses."

The most rewarding aspect for Williamson is the progress patients make while under his care.

"Changes in social behavior, emotions and communication after brain injury impede TBI patients' ability to return to family life and resume their roles as a parent, a spouse [or] a sibling. We work to treat the brain injury complications that disrupt those relationships and watching patients



# From the Deck Plates: What Does it Mean to be a Public Works Professional?

PHOTOS BY AIRMAN  
MATTHEW HOBSON



**Elie Naanouh,**  
Engineering Technician,  
10 years

“Being a Public Works professional means a lot to me. I think of everyone here as a family. It’s rewarding to ensure the quality of the work done on facilities for the Wounded Warriors and patients and to make sure that everything complies to their convenience.”



**Dan Barnes,**  
Performance Assessment  
Representative, 7 Years

“I’ve have been in construction my entire life. Working for Navy Public Works allows me to serve the Navy in the capacity that I’m able to. I’m a little too old to be on active duty, but it means a lot to me that I can come and help the navy with repairing the infrastructure on the bases.”



**Craig Hughes, High Voltage  
Electrical Systems Inspector,**  
6 years

“I enjoy the challenge of ensuring that the utilities are there, even when folks are not. Whether it be as a member of the electrical team or through the steam and water and other utilities that we provide as an organization. I think a lot people take it for granted the ability walk into a building to turn on a light without thinking twice about how we are generating the power or how we’re distributing it throughout the base.”



**Lieutenant Commander  
Jayson Dooley, Assistant  
Public Works Officer,**  
1.5 Years

“It is important that the Public Works Department is operating in such a way that meets the customer’s intent. The most important thing to me is customer advocacy and making sure that after we spent all the time and effort calculating numbers and developing project packages it aligns with the customer’s intent.”



**Ensign Cyndele McVeigh,**  
Construction Manager,  
1 Year

“As a Public Works professional I think that you have to keep in mind that you are just one small cog in the wheel. You have to be willing to work with the other professionals here to make sure everything on base is running smoothly, from unclogging toilets to replacing light bulbs to making sure projects are being properly built to making sure that traffic flow is going okay. To be a public works officer I think you just have to be into teamwork and communication.”

## WRNMMC Observes 4th Annual Resiliency Week

By **SHARON RENEE TAYLOR**  
WRNMMC Public Affairs Staff Writer

Walter Reed National Military Medical Center (WRNMMC) staff and patients learned how to relax, eat healthy, get active, sleep better, and manage stress, at the 4th annual Resiliency Week observance. The five-day, eight-event program of education and activity began with a small ceremony, healthy lunch and cake-cutting ceremony, May 9.

Healthy eating was the focus of day two of resiliency week. Participants were invited to a breakfast sponsored by the Nutrition Department at Café 8901, May 10. Nearly 300 people sampled an array of healthy treats from Café 8901’s new, healthy menu items.

WRNMMC Integrative Health and Wellness sponsored events May 11 and 12. On Wednesday, participants were encouraged to get active by attending up to 10 free fitness classes available throughout the day at the Fitness Center in Bldg. 17B. Thursday’s classes encouraged better rest, teaching healthy sleeping strategies. Resiliency Week ended May 13 with lunch and two midday training sessions on burnout prevention and relaxation held in the America Bldg., sponsored by

the medical center’s Resiliency and Psychological Health Service.

The Resiliency Service at WRNMMC teaches dimensions of fitness and health in order to prevent burnout or depression, according to Public Health Service Capt. (Dr.) Dwayne Buckingham, who serves as the department’s chief.

“Resilient people find solutions in problems. In contrast, troubled people find problems in every solution,” Buckingham said.

WRNMMC Director Rear Adm. (Dr.) David A. Lane explained that resiliency was once looked at a different way.

“It was out there on the fringe, there wasn’t anything we had actively going on over the years. After three to five years, I’ve become keenly aware that we do have to actively manage resiliency,” Lane said. “It didn’t take me long to figure out that we’re a high stress organization; that people in our organization have a lot of stress and that bears on one’s resiliency.”

“A number of staffers report they are fatigued — mentally and physically fatigued. And that was very sobering as the leader here to see that,” he added.



PHOTO BY STAFF SGT. BRANDON SHAPIRO

The many components to help build resiliency are shown in this photo as explained by Walter Reed National Military Medical Center officials during the 4th Annual Resiliency Week observance.

He thanked the resiliency team for working hard and offered his commitment as director of WRNMMC for the next couple weeks before he becomes the director of National Capital Region to work on combatting fatigue, sources of fatigue, and doing things to strengthen the program.

The medical center’s Resiliency and Psychological Health Service offers individual and group training in eight dimensions of wellness to encourage individuals to be emotionally, behaviorally, socially, and spiritually grounded. The service is open to everyone: all staff, patients, and families. Call 301-400-1972 for more information about the Resiliency and Psychological Health Service.



# Caring for Our Military Children

## Severe Chronic Neutropenia & Military Medicine

By **MARK OSWELL**  
WRNMMC Deputy Public Affairs Director

When Isabelle Marie Go was born at the Sanatrix Clinica in Naples, Italy, Natalie and Hospital Corpsman 1st Class Mark Go never expected that their 'Izzy' would soon be diagnosed with severe chronic neutropenia (SCN) — the same rare blood disorder that was already affecting her older sister, Vivian. But seven months later, the Go's found out that Izzy's blood was inflicted with the same condition that her older sister was battling.

SCN is the result of low neutrophils in the blood stream. Neutrophils are the white blood cells that help the body fight against bacteria and fungi, and a very low neutrophil count is a cause for concern and can be deadly.

"There are a whole bunch of different types of white blood cells in the body," explained Air Force Lt. Col. (Dr.) Allen Stering, pediatric/oncology physician, Walter Reed National Military Medical Center's (WRNMMC) John P. Murtha Cancer Clinic's Pediatric Hematology/Oncology Clinic, and the Go's pediatric hematologist.

The particular type of white blood cell in which the girls are deficient is sort of like the Marines of the immune system, Stering expanded. "These cells are good at fighting off everything. They're one of the first responders that we'd see, and they're very important in fighting off bacteria. But also they're involved in assisting with healing wounds."

As a result of the deficiency in these blood cells, cuts and scrapes become a huge concern — as these tears in the skin provide the opportunity for bacteria



PHOTO BY MARK OSWELL

**Isabelle Marie Go, left, and older sister Vivian, right, are visited by Miss Louisiana and Miss South Carolina at Walter Reed National Military Medical Center pediatrics unit in April. The Go sisters are battling the same rare blood disorder, severe chronic neutropenia.**

to enter the bloodstream. Symptoms may include fevers, acute pneumonia, ear infections, gingivitis, stomatitis, periodontitis, oral ulcerations and the potential for premature loss of teeth. As a result, children with neutropenia must vigilantly avoid getting any sort of wound or abrasion.

"When we first found out about neutropenia, every cough, snuffle, ache, fever was a scare," explained Natalie Go. The first team of doctors in Italy found the neutropenia, but wasn't able to identify the type of neutropenia.

"They put Vivian in isolation and told us to mask her when she was leaving the house. Things are a little bit better nowadays, because we just learned what our girls' limits are and take very good precautions to prevent infections. With the right adjustments, such as restricting some school activities, constant hand washing, maintaining excellent personal

hygiene, and teaching the girls to be very careful and try not to get cuts or scrapes) and the help of G-CSF (Granulocyte Colony Stimulating Factor), we are managing to live our life," continued Natalie Go.

"One time my younger daughter developed a Pseudomonas infection on her leg from a very, very tiny pimple that we had totally missed," explained Go. "Their skin infections always carry increased risk. They also tend to develop frequent aphthous ulcers in their mouth. My older [child] would often get bacteria into those and one time ended up with an infection in her neck that required IV antibiotics."

"Living with neutropenia means having to constantly watch for germs," Go said. "Neutropenic children are never free to be fully children because of the strict hygiene rules they must learn and follow even when very young."

No other member of the Go's extended family is inflicted with SCN so Natalie Go feels it's a new genetic mutation, as both daughters have an autoimmune form with a congenital origin.

"There are two types of severe chronic neutropenia," said Stering. "Congenital, which seems to run in families and is usually a lifelong affliction; and acquired type, which usually subsides after a few years."

The Go sisters, whose father serves as a Navy medical laboratory technician at WRNMMC, have been seen by Stering since January 2013. Stering led the team which originally diagnosed Vivian and Izzy with the SCN condition.

"We've received outstanding care at Walter Reed!" exclaimed Natalie Go. "The pediatrics hematology and oncology team are wonderful. The doctors, nurses, and support staff always make us feel welcome and try their best to accommodate our needs."

To date, the only drug that seems to help the Go sisters is G-CSF, which encourages the bone marrow to produce more neutrophils, but also results in side effects ranging from bone pain to the potential for early-onset osteoporosis. These G-CSF injections are primarily administered at home with Vivian retaining a set schedule of shots each week, and Izzy receiving them as needed.

Unfortunately, for the Go sisters living with SCN means multiple trips to WRNMMC— sometimes up to three times a week — to have blood drawn, be evaluated and receive injections.

SCN will more than likely remain with the Go sisters throughout their lives, but through the diligent care of their parents and the WRNMMC Pediatric Hematology/Oncology team, they should be able to live full and active lives.

## Antoine to Retire, Morrison new Nursing Services Director

By **SHARON RENEE TAYLOR**  
WRNMMC Public Affairs Staff Writer

Navy Capt. Valerie Morrison was tapped to replace retiring Walter Reed National Military Medical Center (WRNMMC) Army Col. Ray C. Antoine as the medical center's new nursing services director, May 18.

Morrison's career spans 26 years as a Navy nurse. She is a board certified advanced nurse executive, who has served as Assistant Director for Career Plans to Navy Rear Adm. Rebecca McCormick-Boyle, the 24th director of the Navy Nurse Corps in Falls Church, Va.

The Illinois-native graduated Northcentral University with a Doctorate in Business Administration in 2013. She has served in more than a dozen nursing positions, including a deployment as Officer in Charge for Troop Medical Clinic, Camp Buehring, Kuwait in 2009.

The registered nurse is no stranger to Naval Support Activity Bethesda. After returning to the states, Morrison returned to the former National Naval Medical Center to continue her position as Department Head of Medical Management as well as Assistant Director of Healthcare Administrations, until 2010.

Antoine is a native of Louisiana, and former U.S. Marine Corps Reservist. He commissioned as an Army Nurse Corps Officer in 1989.

His first assignment as a Clinical Staff Nurse was at DeWitt Army Community Hospital, Fort Belvoir, Va. After graduating from the Critical Care Nursing Course at the former Walter Reed Army Medical Center (WRAMC), he was assigned as a clinical staff nurse in the coronary care unit and later as a 91C (LPN) instructor. Several years later he returned to WRAMC to serve in a number of additional assignments: Clinical Nurse Officer

in Charge of the General Medicine Ward, Practical Nurse program director and Surgical Neuroscience Nursing section chief.

After facilitating the successful integration of WRAMC and NNMC in 2011 to form WRNMMC, Antoine was assigned as the Deputy Commander for Nursing at the National Training Center, Fort Irwin, Calif. He returned to WRNMMC to serve in his current position as Director for Nursing Services.

He holds a Master's of Science in Nursing from Wilmington University. His awards and decorations include the Meritorious Service Medal, Army Commendation Medal, Army Achievement Medal, Select Marine Corps Reserve Medal, and Humanitarian Service Medal.

Retiring with a military career that spans over 33 years, Antoine plans to join the family business in medical staffing.



# Flag, General Officers Discuss Leadership, Mentoring At WRNMMC

By **BERNARD S. LITTLE**  
WRNMMC Public  
Affairs staff writer

A Navy vice admiral, two Army major generals, a U.S. Public Health Service (USPHS) rear admiral and a Navy rear admiral composed a panel which offered leadership and mentoring advice to junior officers and others during an event hosted by the Junior Officer Council (JOC) at Walter Reed National Military Medical Center (WRNMMC) on May 11.

The JOC welcomed Vice Adm. (Dr.) Raquel Bono, Maj. Gen. Leslie Smith, Maj. Gen. (Dr.) Brian Lein, Rear Adm. Sylvia Trent-Adams and Rear Adm. (Dr.) David Lane onboard Naval Support Activity Bethesda (NSAB) and WRNMMC to share their stories and career guidance during a nearly two-hour long discussion in Memorial Auditorium.

"The one characteristic I have found very helpful in becoming a leader is developing a very high level of self-awareness," said Bono, director of the Defense Health Agency (DHA), in responding to a question regarding leadership. "Without self-awareness, you won't have an appreciation for how you are impacting others, nor are you going to have an appreciation for how things are impacting you."

Smith, deputy inspector general, Office of the Secretary of the Army, added, "I think the biggest trait you need to have is humility. If you maintain humility, then you'll know how to treat [others]."

"Always listen to your noncommissioned officers and always treat folks with dignity and respect," he said. "Understand the role that you play is to help facilitate somebody else's success, which in turn will help your success."

Lane, the current WRNMMC director who will soon become director of the National Capital Region Medical Directorate (NCR-MD), added, "Be an active listener and learn from your mistakes as well as the mistakes of others. When you're in a leadership position, people want to know you have heard them and that they are out there doing business on behalf of you as part of your team, as part of a team."

"Everybody wants to be a valued member of that team," the WRNMMC director continued. "To make people feel like they are valued members, and show they are valued members of the team, you really want to be an active listener. It's a little hallowed if you only listen, though; you have to then be willing to act on what you hear."

Asked what are the main challenges facing today's leaders, Lein, commanding general of the U.S. Army Medical Research and Materiel Command and Fort Detrick, Md.,



PHOTO BY BERNARD S. LITTLE

**A flag and general officers panel including (from left) Rear Adm. Sylvia Trent-Adams, Maj. Gen. Leslie Smith, Vice Adm. (Dr.) Raquel Bono, Maj. Gen. Brian Lein and Rear Adm. David Lane discusses leadership and offers career advice to junior officers at Walter Reed National Military Medical Center and onboard Naval Support Activity Bethesda during an event sponsored by the Junior Officer Council May 11.**

responded: "Communication."

"We've lost the art of communication," he said "Too often message sent on email equals message received equals message understood equals message acted upon, which is absolutely not the case." He explained electronic messages can be misinterpreted and encouraged people to take time to communicate face-to-face with one another.

Trent-Adams, deputy surgeon general and chief nurse officer of the USPHS, added, "The biggest challenge facing leaders today from my perspective, is balance in those quadrants of our lives that compete for the very finite time we have to be alert and oriented during the course of the day."

"There are so many challenges facing us as we approach the workspace these days [such as] professional development requirements, doing our day jobs [as well as] maintaining our physical well-being and mental health," the USPHS admiral continued. "As things change in our environment, we have to constantly hit the reset button to adjust our priority to the No. 1 thing we have to get done today. But we as leaders have to give [our people] the space to have time to just to think."

Trent-Adams added pro-active planning is the best approach for tackling challenges. She also

encouraged people to take care of their "whole selves; not just develop yourself personally, but have that space where you can develop yourself spiritually, physically and emotionally."

Concerning the future of military medicine, all of the panelists agreed the various services need to work more alongside one another for success.

"The future of military medicine is something we're going to have to do more and more jointly," Bono said. "It's something our line counterparts have been doing well ahead of what we in the medical departments have been doing." She added that in the DHA, there will be "more synchronization of efforts, [which is an] appropriate configuration given that what we're dealing with is a complex responsibility of providing readiness to not only our medical force, but also to our fighting force."

"If you look at the last 15 years of war, our success at having the highest survivability and the lowest morbidity of all conflicts occurred because we all worked together. We had Army and Navy at the forefront at the point of injury. We evacuated very quickly to several echelons of care, and we were able to provide that critical care transport in the air by the Air Force," Bono said. She added those wounded warriors received additional care in medical treatment

facilities that included Landstuhl Regional Medical Center in Germany, San Antonio Military Medical Center, Naval Medical Center San Diego and WRNMMC.

"All that care was provided in a joint manner," Bono said. "We did that extremely well and it was very visible to Congress, elected officials, our stakeholders, our military members and most importantly, their families. When they see that kind of success on the battlefield, they expect that same kind of success here back at home, and the only way that we will be able to do that is collectively, tri-service, jointly, including with the USPHS and VA."

Lein also encouraged those in the military health-care community to "embrace" virtual medicine and emerging digital technology as part of the future of patient-centered, specialized and individualized medical care.

The JOC, which provides opportunities for career development through mentorship, leadership and stewardship by fostering an environment that supports personal and professional growth, meets monthly on the second Thursday in Building 5, room 2019 at 3 p.m. For more information, contact the JOC president, Capt. Marie McKenzie at [marie.a.mckenzie2.mil@mail.mil](mailto:marie.a.mckenzie2.mil@mail.mil).



# Melanoma Awareness Day Focuses on Prevention, Early Detection to Help Combat Skin Cancers

By **BERNARD S. LITTLE**

**WRNMMC Public Affairs staff writer**

Melanoma is survivable, better treated and less expensive to treat if caught in its earliest stages, according to physicians who spoke at the Melanoma Summit during Melanoma Awareness Day at Walter Reed National Military Medical Center (WRNMMC) May 12.

Skin cancer screenings by health-care providers were also part of the day's activities.

Melanoma and skin cancers are significant concerns for the John P. Murtha Cancer Center of Excellence at WRNMMC and the Department of Defense (DoD) as a whole, said Army Col. (Dr.) Craig D. Shriver, the cancer center director.

Shriver explained data from the DoD Murtha Cancer Center Registry, which includes data from all active duty and beneficiaries who come into the DoD health system, indicates skin cancer is the eighth most diagnosed cancer across the defense department. In active duty, melanoma is the second most common diagnosed cancer behind testicular cancer. "So from an active duty standpoint, melanoma and skin cancer screening, as well as prevention, are important," the colonel added.

"According to the National Cancer Institute, melanoma is the sixth most common cause of cancer deaths in the U.S.," Shriver said. This is why screening for skin cancer is important, he continued, adding that during last year's event at WRNMMC, approximately 100 people were screened with a high percentage identified with lesions and some with early cancers.

"That's prevention and early detection, and that's how we cure most cancers," Shriver said.

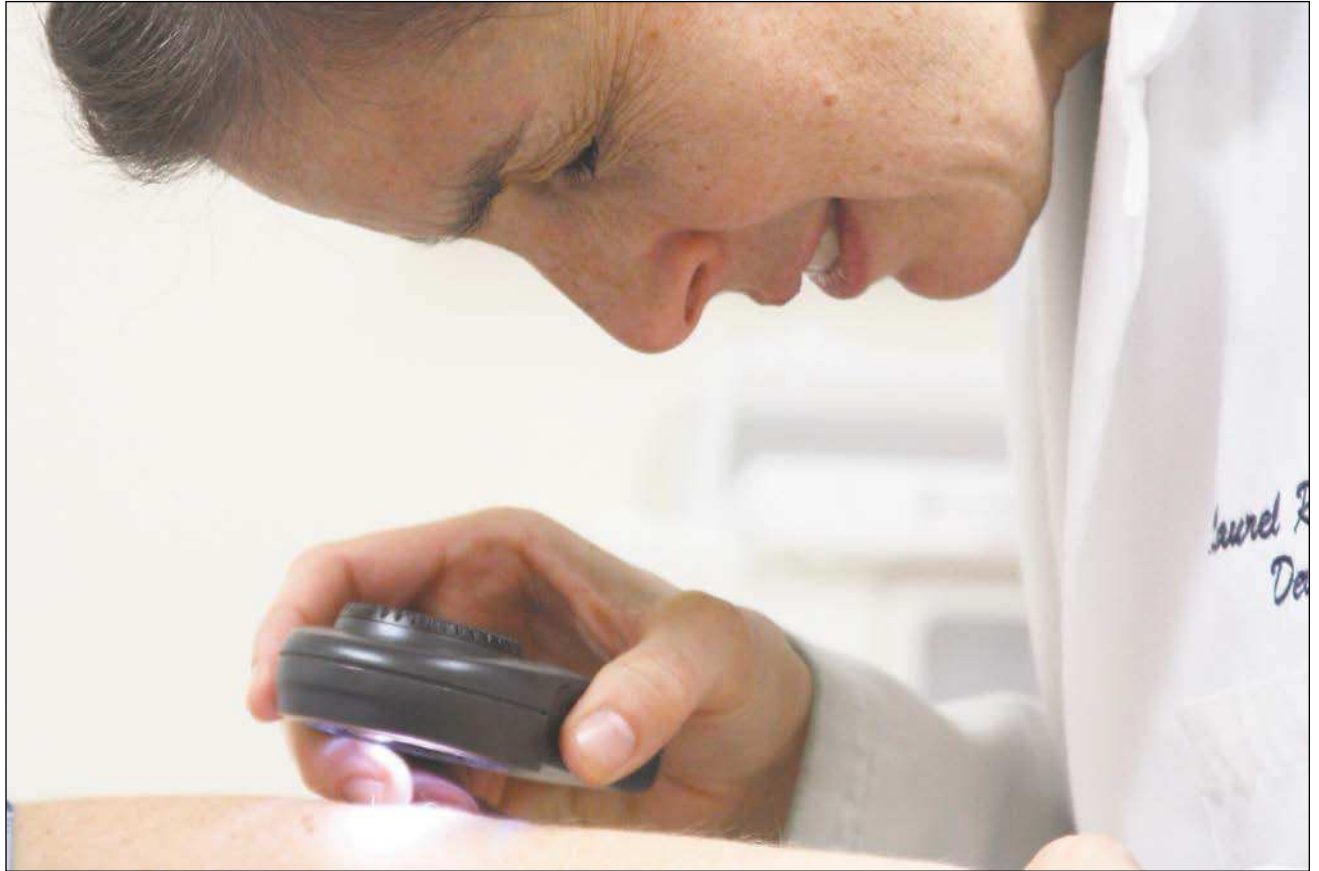
Army Maj. (Dr.) Laurel Stearns, a dermatologist at the John P. Murtha Cancer Center of Excellence, agreed if melanoma is recognized and treated early, it is almost always curable. "If not, fatal metastasis can occur."

"[Melanoma] is not the most common of the skin cancers, but it does cause the most deaths," Stearns continued. "In 2016, an estimated 76,380 melanoma cases will be invasive, with about 46,870 in males and 29,510 in women, and it is rapidly rising. It kills over 10,000 people in the U.S. annually."

Stearns and Army Capt. (Dr.) Briana Barber, a dermatology resident at WRNMMC, explained some of the risk factors for skin cancer, including people who are fair skinned; those with a family or personal history of skin cancer; exposure of sun through work and play; a history of sunburns; and a history of indoor tanning.

Barber explained dermatologists and other health-care providers, when doing skin cancer screening, look for these (ABCDE) signs in moles: Asymmetrical shape (two halves of mole do not match); Borders (the edges are irregular or uneven); Color (multiple or changing shades of brown, tan, black, red, blue or pink); Diameter (usually, but not always, larger than 6 mm); and Evolution (changes in appearance, such as size, shape or color and/or changing in symptoms such as bleeding, oozing or itching).

Stearns said melanoma prevention guidelines



COURTESY PHOTO

**Dermatologists and other health-care providers recommend people examine their skin from head to toes every month for moles and lesions, as well as see a physician annually for a professional skin exam to help prevent melanoma and others skin cancers**

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# WRNMMC Town Hall: Leadership Change, Ramadan, Command Climate Discussed

By **BERNARD S. LITTLE**  
WRNMMC Public  
Affairs staff write

Army Col. Michael Heimall will become director of Walter Reed National Military Medical Center (WRNMMC) May 26, assuming the leadership position of the nation's flagship military treatment facility from Rear Adm. (Dr.) David A. Lane, who will become the director of the National Capital Region Medical Directorate (NCR-MD). The change of authority begins at 7 a.m. at the flag pole in front of Bldg. 1..

Lane and Heimall discussed the leadership change, along with other topics impacting the WRNMMC community during town hall meetings May 10 at the medical center.

Lane said although his sphere of responsibility will increase as the NCR-MD director, he will remain focused on people, staff and beneficiaries, and providing both the best services.

Heimall said he's "humbled and excited" to become the WRNMMC director. He's been WRNMMC chief of staff since August and had served as the interim director of WRNMMC from November to



COURTESY PHOTOS

**Navy Rear Adm. (Dr.) David A. Lane (left) is set to relinquish command of Walter Reed National Military Medical Center (WRNMMC) to Army Col. Michael Heimall (right), WRNMMC's current chief of staff, during a change of authority ceremony on May 26 beginning at 7 a.m. at the flag pole in front of Bldg. 1. Lane will become director of the National Capital Region Medical Directorate.**

January before Lane took the helm of the medical center.

"There isn't a seam between me and Admiral Lane concerning many of the initiatives he started as the WRNMMC

director," Heimall said.

The colonel also encouraged Army and Air Force officers to apply for leadership positions as they open at WRNMMC for greater diversity at senior posts.

"At the end of the day, as folks step up and volunteer for the job, we're going to select the best leader who's available," Heimall said. "We've got so much great potential here."

Also during the town hall, Army Col. Ray Antoine, WRNMMC director of nursing services, reminded staff members that the 101 Critical Days of Summer begin Memorial Day weekend and continues through the Labor Day weekend. Antoine urged staff members to keep safety paramount because it's during those 101 days outdoor activities increase, along with their safety risks.

Antoine added mandatory safety training for all WRNMMC personnel will be held May 25 in Clark Auditorium

and May 26 in Clark and Memorial auditoriums. In Clark Auditorium, training will be held hourly beginning at 5 a.m., with the last session starting at 4 p.m. In Memorial Auditorium, training will be held hourly beginning at 5:30 a.m., with the last session starting at 4:30 p.m. A Common Access Card is required for sign-in and as proof of attendance.

Navy Chaplain (Capt.) Salvador Aguilera, WRNMMC chief of chaplains, discussed care of Muslim patients during Ramadan, which begins June 6 and lasts through July 5. He explained the observance requires strict adherence to fasting for all healthy Muslims age 12 and above. He added WRNMMC adheres to patient-centered decision making, and every patient determines his or her religious priorities.

Concerning fasting during Ramadan, Aguilera said there are exceptions. Those who are exempt from fasting during Ramadan include individuals who are physically or mentally ill or frail; pregnant or menstruating women; lactating women who have concerns about their own or their child's health; pre-pubertal children; and travelers.

Aguilera said despite these exemptions, "some [people] prefer not to miss fasting with the possibility of greater spiritual reward." He explained there are patients who should not fast for medical reasons, including those with: diabetes mellitus type 1; chronic renal failure including renal transplant and nephrolithiasis; severe cardiac and pulmonary conditions; G.I bleed and acute ulcers; and severe epilepsy and severe migraine.

The chief chaplain said Dr. Mohammed A. Khan is the Imam at WRNMMC and is available to answer questions at 301-295-1510. Chaplains of other denominations are also available at WRNMMC to answer religious questions at the same number, Aguilera added.



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Also during the meetings, Dr. Joan Gordon, a member of the Command Assessment Team (CAT), explained some of the preliminary findings from the 2016 Defense Equal Opportunity Management Institute Organizational Climate Survey, which WRNMMC employees participated in Feb. 29 through April 8. She said approximately 34 percent (2,392 out of 7,045) of WRNMMC employees participated in the survey, which provides insight into how the organization is functioning to meet its mission, as well as a snapshot of key factors as perceived by staff members.

Approximately 29 percent of civilian employees GS-9 and above participated in the survey, followed by junior enlisted (E1 to E6) at 21 percent; senior officers (O4 and above), 14 percent; contractors and volunteers (14 percent); junior officers (O1-O3), 13 percent; civilians GS-8 and below (7 percent); and senior enlisted (E7-E9), 2 percent.

Gordon explained a number of WRNMMC staff members responded on the survey. WRNMMC is the flagship of military health care, it's an honor to serve the nation's heroes and

their beneficiaries, and WRNMMC provides a great environment for learning and working with those with exceptional expertise.

There were some areas employees cited opportunities for improvement. Those areas included: communication, team, accountability and respect, manning, training and development, adequate time with patients, standard operating procedures and sufficient supplies.

Lane added the CAT is looking for volunteers for focus groups to develop an action plan for possible changes in response to the survey results and areas for improvements.

During the town hall, a question arose concerning parking.

"We're working very hard to address parking concerns, which is going to get even more challenging as our construction projects move on," Lane said.

Lane added government policy guidelines make it difficult to do some of the creative things other installations may be able to do, but staff at NSAB and WRNMMC are continuously working to make parking less of a challenge for patients and staff on base.

## MELANOMA

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include: seek the shade (especially between 10 a.m. and 4 p.m.); do not burn; avoid tanning and never use UV tanning beds; cover up (with clothing, including a broad-brimmed hat and UV-blocking sunglasses); use a broad spectrum (UVA/UVB) sunscreen (with an SPF of 15 or higher every day; for extended outdoor activity, use a water-resistant, broad spectrum (UVA/UVB) sunscreen with an SPF of 30 or higher; apply 1 ounce (two tablespoons) of sunscreen to your entire body 30 minutes before going outside, and reapply every two hours or immediately after swimming or excessive sweating; keep newborns out of the sun and sunscreens should be used on babies over the age of six months; examine your skin from head to toe every month for moles and lesions; and see your physician every year for a professional skin exam.

Stearns explained surgery to remove skin cancers is a key part of treatment, especially when it is caught in its earliest stages.

Dr. Suraj Venna, medical director of the Inova Melanoma and Skin Cancer Center in Fairfax, Va., added treatment for melanoma not only includes surgery and targeted therapy, but also immunotherapy. He said any decision on detection and treatment should involve the patient, explaining 40 to 70 percent of melanomas are detected by the patient. In about 50 percent of self-detection, a relative has assisted in the detection, he stated.

Dr. Sekwon Jang, director of Melanoma and Cutaneous Oncology Therapeutics

and Research at Inova, discussed melanoma systemic therapy, explaining there was a dry spell in new drug therapy and discovery for melanoma from about the late 1990s to approximately 2010. He added the future directions for melanoma treatment include: new immunotherapies; combination strategies (targeted therapy plus immunotherapy, multiple immunotherapeutic agents, and immunotherapy plus radiation); patient selection using clinical and biological biomarker; and optimization of timing and sequence of therapies.

Navy Lt. Cmdr. (Dr.) Jean Kemp, dermatopathology fellow for the National Capital Consortium at WRNMMC, explained what happens to the specimen following a biopsy for melanoma and the detailed testing involved.

Navy Lt. Cmdr. (Dr.) Corey Carter, chief of Thoracic Oncology for the Murtha Cancer Center and director of Clinical Research for Oncology at WRNMMC, closed out the summit discussing drug therapy and the future of melanoma treatment. He explained one in 40 fair skin individuals will get melanoma during his or her lifetime, and one in 200 Hispanics will get the cancer. One in 1,000 darker skin individuals will get melanoma.

"Melanoma is the most frequently diagnosed non-gender specific cancer in the active duty military, [and] new therapies will require a new understanding of the theory behind them, as well as any complications resulting from them," Carter added.

For more information concerning skin cancer, visit the Centers for Disease Control and Prevention website at [http://www.cdc.gov/cancer/skin/basic\\_info/prevention.htm](http://www.cdc.gov/cancer/skin/basic_info/prevention.htm).

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## WRNMMC

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and their families recover relationships, and patients return to the community and enjoy enriched lives is our biggest reward.

"The biggest challenge we face is helping patients, caregivers and family members understand and adapt to the changes in personality of a loved one that brain injury can cause," he added.

Williamson explained the Inpatient Neurobehavioral Program at WRNMMC evaluates and treats brain injury patients with a complex mix of cognitive, emotional, behavioral, relational and physical challenges after their injury.

"It is a unique, holistic, multidisciplinary approach to evaluating and treating the long-term behavioral, relational, and emotional disturbances after brain injury. The program is focused

on helping patients achieve the highest level of independence and quality of life possible. The program's approach includes looking at the entire family and interpersonal relationships within the patient support system, as well as identifying disturbances in patients' higher cognitive, emotional and language functions that disrupt social competence and their capacity to maintain relationships," he added.

"The human brain is the organ that mediates our social interactions," said Williamson. "Our brains allow us to express and understand emotions and language that lead us to affiliate, to form relationships and social groups. Many brain injury patients have profound impairment in these abilities. To fully understand the challenges faced by brain injury patients it is important to assess not just the patient, but also the people that form their support system and how those individuals and the patient interact. So the concept of patient-

and family-centered care is at the heart of brain injury treatment. Our patients' families will be their long-term support, and we need to monitor the health and resilience of caregivers as well as patients," he said.

"I believe that good health care is a collaborative process and that we best serve patients with an interdisciplinary treatment team," Williamson said. "I work closely with other providers around the country who will follow the patients after discharge from [our] program to ensure long-term treatment plans are implemented, and to offer support for future challenges. I keep contact with families long after treatment at [WRNMMC]. I believe that we can support them throughout the long journey of TBI treatment. I often bring patients back to re-evaluate medications, explore new medical findings or to provide respite for caregivers," he added.

Williamson said he also visits institutions before referring

patients to them.

"I strive to go above and beyond for patients and families to support recovery and promote well-being," said Williamson. "I advocate for clients long after they have left the unit. I provide my cell phone number to patients and their families so they can call before, during, and after admission. I work to understand the patients' families and support systems, to educate and support the caregivers to improve caregiver resilience, avoiding burnout."

Williamson said he is privileged to work in the Military Healthcare System after spending much of his career in the private sector.

"I have been inspired and strongly supported at Walter Reed Bethesda by the efforts of our leadership and our senior surgeons. They have helped create a brain injury treatment model that is not found in other hospitals either in the [Department of Veterans Affairs] or in the private sector," Williamson concluded.

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